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Effective on 12/06/2004. FEE TRANSMITTAL For FY 2005		Composite If Known	
<small>Fee pursuant to the Consolidated Appropriations Act, 2005 (PLA. 481).</small>		Application Number 09/978,180-Conf. #8709	
<small><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</small>		Filing Date June 8, 2001	
<small><input type="checkbox"/> TOTAL AMOUNT OF PAYMENT (\$)</small> 120.00		First Named Inventor Masaharu Ikeda	
<small><input type="checkbox"/> Attorney Docket No.</small> 20402-00625-US		Examiner Name C. P. Chau	
<small><input type="checkbox"/> An Unit</small> 2644			

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 22-0185 Deposit Account Name: Connolly Bove Lodge & Hutz LLP				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)	Fee (\$)	Small Entity Fee (\$)
Each independent claim over 3 (including Reissues)	50	25
Multiple dependent claims	200	100
	360	180

Total Claims**Extra Claims** **Fee (\$)** **Fee Paid (\$)**- 20 - **x** **=** **Fee Paid (\$)****Multiple Dependent Claims****Fee (\$)** **Fee Paid (\$)****Independent Claims****Extra Claims** **Fee (\$)** **Fee Paid (\$)**- 3 - **x** **=** **Fee Paid (\$)**

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 -	50	(round up to a whole number) x	-	-

4. OTHER FEE(S)

Non-English Specification: \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 120.00 Extension for response within first month

120.00

SUBMITTED BY		Signature <i>Morris Liss</i>	Registration No. (Attorney/Agent) 24,610	Telephone (202) 331-7111
Name (Printed)	Morris Liss	Date 3/31/05		